County: I owa MINERAL POINT CARE CENTER, LLC

109 NORTH IOWA STREET

MI NERAL POINT 53565 Phone: (608) 987-2381		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	57	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	61	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	50	Average Daily Census:	49

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	81/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	30. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	52. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.0	More Than 4 Years	18. 0
Day Servi ces	No	Mental Illness (Org./Psy)	14. 0	65 - 74	8. 0		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	38. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	32. 0	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	14.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	ĺ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	16. 0	65 & 0ver	92. 0		
Transportation	No	Cerebrovascul ar	2. 0	'		RNs	10. 5
Referral Service	No	Di abetes	12. 0	Sex	%	LPNs	8. 4
Other Services	No	Respi ratory	10. 0			Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	46. 0	Male	26.0	Ai des, & Orderlies	34. 7
Mentally Ill	No			Female	74.0		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	8	100.0	236	30	96.8	92	0	0.0	0	10	90. 9	125	0	0.0	0	0	0.0	0	48	96. 0
Intermedi ate				1	3. 2	77	0	0.0	0	1	9. 1	125	0	0.0	0	0	0.0	0	2	4.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		31	100.0		0	0.0		11	100.0		0	0.0		0	0.0		50	100. 0

MINERAL POINT CARE CENTER, LLC

Admissions, Discharges, and Deaths During Reporting Period	l					d Activities as of 12	
		ľ			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	si stance of	% Totally	Number of
Private Home/No Home Health	18. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	16. 0		68. 0	16. 0	50
Other Nursing Homes	3.6	Dressi ng	24. 0		62. 0	14. 0	50
Acute Care Hospitals	78. 2	Transferring	52. 0		36. 0	12. 0	50
Psych. HospMR/DD Facilities	0.0	Toilet Use	46. 0		42. 0	12. 0	50
Reĥabilitation Hospitals	0.0	Eati ng	88. 0		4. 0	8. 0	50
Other Locations	0.0	*********	******	*****	*******	********	*******
Total Number of Admissions	55	Conti nence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	6.0	Recei vi ng Resp	iratory Care	0. 0
Private Home/No Home Health	44. 6	Occ/Freq. Incontinen		54. 0	Recei vi ng Trac		0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinen	t of Bowel	38. 0	Receiving Suct	i oni ng Č	0. 0
Other Nursing Homes	5. 4	*			Receiving Osto	my Care	0. 0
Acute Care Hospitals	10. 7	Mobility			Receiving Tube	Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diets	34. 0
Rehabilitation Hospitals	0.0				S	3	
Other Locations	0.0	Skin Care			Other Resident C	haracteri sti cs	
Deaths	39. 3	With Pressure Sores		6. 0	Have Advance D	irectives	78. 0
Total Number of Discharges		With Rashes		4. 0	Medi cati ons		
(Including Deaths)	56				Receiving Psyc	hoactive Drugs	26. 0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 80.3 80.3 1.00 85. 1 0.94 84. 4 0.95 84. 6 0.95 Current Residents from In-County 82.0 72.7 1. 13 72. 2 1. 14 75. 4 1.09 77. 0 1.07 Admissions from In-County, Still Residing 21.8 18. 3 1. 19 20.8 1.05 22. 1 0.99 20.8 1.05 Admissions/Average Daily Census 112.2 139.0 0.81 111.7 1.00 118. 1 0.95 128. 9 0.87 Discharges/Average Daily Census 114.3 139.3 0.82 112. 2 1.02 118.3 0.97 130.0 0.88 Discharges To Private Residence/Average Daily Census 51.0 58. 4 0.87 42.8 1.19 46. 1 1.11 52.8 0.97 Residents Receiving Skilled Care 96. 0 91.2 1.05 91. 3 1. 05 91.6 1.05 85. 3 1. 13 Residents Aged 65 and Older 92.0 96. 0 0.96 93.6 0.98 94. 2 0.98 87. 5 1.05 Title 19 (Medicaid) Funded Residents 62.0 72. 1 0.86 67. 0 0.92 69.7 0.89 68. 7 0.90 Private Pay Funded Residents 22.0 0.94 21.2 22. 0 18. 5 1. 19 23. 5 1.04 1.00 Developmentally Disabled Residents 0.0 1.0 0.9 0.00 0.8 7. 6 0.00 0.00 0.00 Mentally Ill Residents 14.0 36. 3 0.39 41.0 0.34 39. 5 0.35 33. 8 0.41 General Medical Service Residents 46. 0 16.8 2.74 16. 1 2.86 16. 2 2.84 19. 4 2.37 49.3 Impaired ADL (Mean) 34. 0 46.6 0.73 48. 7 0.70 48. 5 0.70 0.69 Psychological Problems 26. 0 47.8 0.54 50. 2 0.52 50.0 0.52 51. 9 0.50 Nursing Care Required (Mean) 7.0 5. 5 7. 1 0.77 7. 3 0. 76 0. 78 7. 3 0.75